

APR 26 2006

Atty Docket No. 022203-000100US

PTO FAX NO.: 1-571-273-8300

ATTENTION: Examiner

Group Art Unit 3624

**OFFICIAL COMMUNICATION
FOR THE PERSONAL ATTENTION OF
EXAMINER**

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Gerald G. Lyman, Application No. 10/799,944, filed March 11, 2004 for REAL ESTATE FINANCE INSTRUMENT are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form
2. Request for Withdrawal as Attorney or Agent and Change of Correspondence Address

Number of pages being transmitted, including this page: 3

Dated: April 26, 2006


Jeanette Olivera

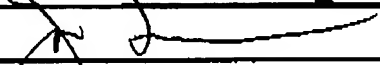
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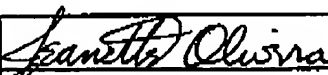
TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, CA 94111-3834
Telephone: 303-571-4000
Fax: 303-571-4321
0360

60758812 v1

PTO/SB/21 (09-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/799,944	RECEIVED CENTRAL FAX CENTER APR 26 2006
	Filing Date	March 11, 2004	
	First Named Inventor	Lyman, Gerald G.	
	Art Unit	3624	
	Examiner Name	Unassigned	
	Attorney Docket Number	022203-000100US	
Total Number of Pages in This Submission		2	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Thomas D. Franklin	
Date	4/26/06	Reg. No. 43,818

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on		
Signature		
Typed or printed name	Jeanette Olvera	Date April 26, 2006

60757864 v1

PTO/SB/83 (01-08)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/799,944
Filing Date	March 11, 2004
First Named Inventor	Gerald G. Lyman
Art Unit	3624
Examiner Name	Unassigned
Attorney Docket Number	022203-000100US

**RECEIVED
CENTRAL FAX CENTER****APR 26 2006****To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**


NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: At the request of the client.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	Gerald G. Lyman		
Address	27221 Ortega Highway, Suite 342		
City	San Juan Capistrano	State CA	Zip 92675
Country	US		
Telephone			Email
Signature			
Name	Thomas D. Franklin	Registration No.	43,616
Date	4/26/06	Telephone No.	(303) 571-4000

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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